

**DoD Medical Examination Review Board
8034 Edgerton Drive, Suite 132
USAF Academy, Colorado 80840-2200**

GYN QUESTIONNAIRE

NAME: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

Please answer ALL of the following questions regarding your menstrual cycle: Please return this form to DoDMERB at the above address.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397

PRINCIPAL PURPOSE: To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corp (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

ROUTINE USES: This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applicants to their Academies.

DISCLOSURE: Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number (SSN) is used for positive identification of records.

1) Your age at onset of menstrual cycle _____

2) Provide begin/end dates of your last 3 menstrual cycles, regularity, and the type of flow.

Begin Date	End Date	Regular or Irregular	Type of Flow (heavy/moderate/light/spotting)

3) Does cramping exist? Yes No

4) Does cramping interfere with normal activities? Yes No N/A

5) Does cramping interfere with athletic and/or recreational activities? Yes No N/A

6) What medication(s) is/are taken for pain relief? If none, please indicate. _____

7) Have you been examined by a medical provider (GYN, Family Practitioner, Internal Medicine, etc.) for GYN/menstrual problems? Yes No

8) If yes, when? _____

9) What did the medical provider say the problem was? _____

10) How was the problem treated? _____

11) Do you currently take birth control medication? Yes No

12) If yes, state the medication, dose and reason for use. _____

13) Certification: By signing below, I hereby certify that the above information is true and accurate to the best of my knowledge.

Applicant's Signature

Date

GYN Questionnaire